

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	2				
3		2				
4	1					
5		1				
6		2				
7		2				
8		2				
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50						
TOTAL IND.	3					
TOTAL DEP.	38					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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